


MAR 08 2007

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 2002B107D
Applicant(s): <u>Chon-Yie Lin et al.</u>			
Application No. 10/782,228	Filing Date February 19, 2004	Examiner Peter D. Mulcahy	Group Art Unit 1713
Invention: <u>Articles From Plasticized Polyolefin Compositions</u>			
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<p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

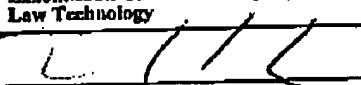
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/782,228	
	Filing Date	February 19, 2004	
	First Named Inventor	Chou-Yie Lin	
	Art Unit	1713	
	Examiner Name	Peter D. Mulcahy	
Total Number of Pages in This Submission	26	Attorney Docket Number	2002B107D

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination and Certificate of Facsimile
Remarks		
CUSTOMER NUMBER 23455		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ExxonMobil Chemical Company Law Technology		
Signature			
Printed name	Michael S. Kerns		
Date	March 8, 2007	Reg. No.	51,233

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Signature			Date
Typed or printed name	Linda L. Thompson	Date	March 8, 2007

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006		Complete if Known		
		Application Number	10/782,228	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 19, 2004	
		First Named Inventor	Chan-Yie Lin	
		Examiner Name	Puter D. Mulcahy	
TOTAL AMOUNT OF PAYMENT (\$)		\$790.00	Attorney Docket No.	2002B107D

METHOD OF PAYMENT (check all that apply)

Check
 Credit Card
 Money Order
 None
 Other (please identify): _____

Deposit
 Deposit Account Number: 05-1712
 Deposit Account Name: ExxonMobil Chemical Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = \$50.00 = \$0.00
 HP = highest number of total claims paid for, if greater than 20.
Indep. Claims - 3 or HP = _____ x _____ = \$200.00 = \$0.00
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE
 If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	x \$250.00	= <u>\$0.00</u>

4. OTHER FEE(S)
 Non-English specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): Request for Continued Examination \$790.00

SUBMITTED BY		Registration No.	51,233	Telephone	(281) 834-1441
Signature		(Attorney/Agent)		Date	March 8, 2007
Name (Print/Type)	Michael S. Keras				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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